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Under the Panerw	ork Reduction Act of 1999	no nersons are requ	ired to res	sound to appliection	n of intompetion u	nless it displays a	valid OMR cr	ontrol number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber 0	9/924,94	924,944		
FEE TRANSMITTAL			<b>\L</b> [	Filing Date			ıst 8, 2001		
For FY 2005				First Named Inv	rentor Ha	arnish, et al.			
				Examiner Name		Misook Yu			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	10	1642			
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docke	1 No. 3 (	6119.156	US3		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):    X   Deposit Account   Deposit Account Number: 08-0219   Deposit Account Name: ing Hale and Dorr LLF									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULA	ATION								
1. BASIC FILIN  Application T	IG, SEARCH, AND FILING Yppe Fee (\$)	CH FEES Small Entity Fee (\$)		ON FEES all Entity Fee (\$)	Fees Paid (\$)				
Utility	300	<u>Fee (\$)</u> 150	Fee (\$) 500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100									
Multiple depend		Ji 1(0133600), 002	macpt	muone viaim	//	original pare.	360	180	
Total Claims	Extra Claim		Fee P	Paid (\$)		endent Claims			
HP = highest numl	or HP =  ber of total claims paid for <u>Extra Claim</u> or HP =		Fee P	'aid (\$)	Fee (\$)	<u>Fee Paid</u>	_(\$)		
	per of independent claims	paid for, if greater than	n 3						
	ntion and drawings of Iditional 50 sheets o	r fraction thereof ets <u>Number</u>	See 3 of each	55 U.S.C. 41(a) h additional 50 o	(1)(G) and 37 r fraction there	CFR 1.16(s).		all entity) Paid (\$)	
100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S) Fees Paid (\$)									
Non-English	n Specification, \$1 q. for Cont	·	-		.2-Mo.Ex	kt.(\$450)	·	240.00	
UBMITTED BY O .									
gnature	Colleen Su	serko		Registration No. Attorney/Agent)	39,850	Telephone	617-52	26-6564	
		7							

Name (Print/Type)

Colleen Superko

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS